GIC Health Plan Rates - Monthly Rates as of July 1, 2010

For THE TOWN OF SWAMPSCOTT ENROLLEES



Active Employees, Retirees, and Survivors WITHOUT MEDICARE

Includes 0.33% Administrative Fee

select & save quality. value.	Employee and Non-Medicare Retiree/Survivor Pays Monthly %	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	35%	\$145.68	\$349.63
Fallon Community Health Plan Select Care	35%	174.74	419.38
Harvard Pilgrim Independence Plan	35%	211.75	517.21
Harvard Pilgrim Primary Choice Plan	35%	168.05	410.49
Health New England	35%	145.38	360.39
Tufts Health Plan Navigator	35%	203.63	494.43
Tufts Health Plan Spirit	35%	161.61	392.41
NHP Care (Neighborhood Health Plan)	35%	145.21	384.80
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	40%	322.60	753.19
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	40%	307.74	718.70
UniCare State Indemnity Plan/ Community Choice	35%	142.79	342.68
UniCare State Indemnity Plan/PLUS	35%	196.99	470.13

Retirees and Survivors WITH MEDICARE	Retiree and Survivor Retiree/Survivor Pays Monthly Per Person (Rates Include 65% Medicare B Reimbursement)	
HEALTH PLAN	%	\$
Fallon Senior Plan*	35%	\$ 7.36
Harvard Pilgrim Medicare Enhance	40%	79.96
Health New England MedPlus	35%	55.35
Tufts Health Plan Medicare Complement	35%	51.34
Tufts Health Plan Medicare Preferred*	35%	6.31
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	40%	76.24
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	40%	71.97

^{*} Rates are subject to federal approval and may change January 1, 2011. Rates include 65% Medicare Part B Reimbursement.

Rates are Calculated by the Town of Swampscott Treasurer's Office.

Rate questions? Call the Treasurer's Office at: 781.596.8852